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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US00/14743 05/26/2000

**** FOREIGN APPLICATIONS *******

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>					
Verified and Acknowledged	Examiner's Signature	Initials				

ADDRESS

26211

TITLE

METHOD OF USING AUTOLOGOUS FIBROBLASTS TO PROMOTE HEALING OF WOUNDS AND FISTULAS

FILING FEE RECEIVED 672	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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